

**Iowa Medicaid
Clinical Advisory Committee (CAC)**



Meeting Minutes
August 17, 2018
1:00 p.m. - 4:00 p.m.

Iowa Medicaid Enterprise conference rooms 128 & 130

1.	<p>Welcome and Introductions</p> <p>A. Announcements - C. David Smith, MD, General Surgery, IME Medical Director, opened the meeting with a welcome and introductions were made. Present: Nicholas Galioto, MD, Family Practice (telephone); Daniel Wright, DO, Pediatrics; Dennis Zachary, MD, Family Practice; Mark Randleman, DO, IME Physician Reviewer; Andrea Silvers, MD, Family Practice; Sherry Buske, ARNP, Family Practice(telephone); Kathleen Lange, MD, Family Practice; Angela Kloepper, MD, Amerigroup and Donald Woodhouse, DO, United Healthcare</p> <p>B. Non-committee members present: MaryNelle Trefz, Kim Witte, Chris Vanwigner, Lisa Borland, Candy Vandeu, Jennifer Davis, Tami Sova, Leslie Zanetti, Rick Barbarash, Tanya McAninch, Vicki Lickteig, Paula Motsinger, Cathy Vanderlinden, Rebecca Carter, LeAnn Moskowitz, Anna Ruggle, Haley Laffey</p>		Dr. Smith
2.	<p>Approval of Minutes from the April 20, 2018 Meeting</p> <p>Minutes were unanimously approved.</p>		Dr. Smith
3.	<p>Old Business</p> <p>A. State Innovation Model (SIM) Update</p> <p>Tanya shared the SIM Grant is now in its 4th and final award year. Activities this year will focus on achieving impactful and sustainable initiatives for the healthcare landscape in Iowa. This includes continuing the work that has been going on in the C3 Communities and piloting the new ADT alerting software - CMT - with 3 C3 Communities- Webster, Sioux, and Muscatine - The new system uses real-time clinical data to populate the alerts and will allow the end user to make actionable decisions regarding care coordination and follow up.</p> <p>The Healthcare Innovation and Visioning Roundtable has continued to meet every other month –This Roundtable was developed to foster engagement of important leaders around the state to develop consensus and transform how the healthcare system operates to best serve the needs of all Iowans. Through this meeting A Healthy Communities and A Data Use and Sharing workgroup have been formed –these work groups have meet 3 times and are in the final stages of developing formal recommendations to the</p>		Tanya McAninch

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	<p>governor to develop and guide recommendations for the governor's office with the goal of building an improved and sustainable healthcare system. The outcomes of these work groups will also set some of the wheels in motion for additional work to be completed in AY4.</p> <p>SDOH – The standardized SDOH Questions have been integrated into Assess My Health.</p> <p>1. Many states focusing on social determinants are using screening tools with non-standardized measures. Aggregation in other states is limited, minimizing opportunities for population-based information and action.</p> <p>2. Our electronic health risk assessment supported by 3M enables Iowa to aggregate data and connect other self-reported health measures to social determinants measures through robust analytics. Initial analysis of this data has proven to be successful in comparing the responses of Members who live in a C3 Region to those that do not and may show a positive connection to the additional care coordination activities that go on in those communities.</p> <p>3. The information gleaned from our risk assessment can also be linked to claims data, which can be used to study costs related to health conditions and social needs.</p> <p>4. Our tool can be used to predict patient utilization through the Health Confidence measure and the What Matters Index (a set of five measures) that is scored based on the member's response.</p>		
5.	<p>New Business</p> <p>A. MCO Medical Directors Update –</p> <p>Dr. Kloepper shared that Dr. Levy is still with Anthem but has moved to a different state. Being innovative and how can better share information with providers and members. Information sharing is where they are limited. Trying to break down those barriers. Trying to get everyone on same page.</p> <p>Dr. Woodhouse shared he has been with UHC for with 3 months. He shared is been an interesting transition from private practice to the payer side.</p>		Dr. Woodhouse Dr. Kloepper
	<p>B. Recommendations for new members on Clinical Advisory Committee</p> <p>Dr. Seth Perlman has agreed to join the committee. Dr. Smith stated the majority of CAC members practice in family medicine and there is a need for an obstetrician, neurologist, gastroenterologist and pediatrician. He will continue to take recommendations for new CAC members.</p> <p>Dr. Smith reiterated the availability of CAC meetings</p>		Dr. Smith

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	to be attended telephonically and that anyone is allowed to call in for the meetings; however, public comments may only be made in-person.		
	<p>C. IME Updates</p> <ol style="list-style-type: none"> 1. Transcranial Magnetic Stimulation-it has been rejected and AmeriHealth Caritas thought it was too expensive. Keep on an eye on it 2. Emergency Diagnosis ICD 10 codes- Dr. Smith passed out an Information Letter. The emergent diagnosis has to be in the top position on the claim. 3. Hepatitis C treatment-Iowa withholds treatment until fibrosis score is 3. Lowering the score is currently under consideration by policy so Iowa can be consistent with other state Medicaid programs. 4. Dental Benefits-Heather was unable to be there 5. EPSDT- Mary Nelle Trefz from Child and Family Policy Center came to review EPSDT. She provided a handout which she went through what EPSDT stands for and 3 major points. 		Dr. Smith
	<p>Public Comment Period -</p> <p>Tami Sova from Biogen- Asking the committee to reconsider the requirement for Nusinersen that a member be at least 3 weeks old and also to expand the reauthorization period to one year</p> <p>Leslie Zanetti Medical Liaison from Sarepta- talking about Eteplirsen. Asking the committee to reconsider the age limit and the ambulatory status.</p> <p>Rick Barbarash, Medical Science Liaison from Ultragenyx gave a presentation on Crysivita a new medication for hypophosphatemia.</p>		Guests
6.	Criteria Review		Dr. Smith
7.	<ol style="list-style-type: none"> 1. 21-gene RT-PCR Assay (Oncotype DX)-No Changes Recommended 2. Genetic Testing for Cancer (BRCA I-II, BART)- Criteria #5 was reworded to Personal history of pancreatic or aggressive prostate cancer (Gleason score seven or more) at any age. 3. Ado-trastuzumab emutansine (Kadcyla)-No changes recommended- 4. Fluocinolone acetate intravitreal implant- (Iluvien & Retisert)- No changes recommended 5. Idursulfase (Elaprase)- No changes recommended 6. Memantine (Namenda) for Autism Spectrum 		

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	<p>Disorder (ASD)- Criteria #1, F, added or developmental pediatric provider</p> <p>7. Natalizumab (Tysabri)- No changes recommended</p> <p>8. Oritavancin (Orbactiv)- No changes recommended</p> <p>9. Eteplirsen (Exondys 51)- Criteria #2 Removed after age 3. Criteria #3 added other timed function tests or strength tests will be considered including tests of pulmonary function. Criteria #6 was changed to one year instead of 6 months</p> <p>10. Nusinersen (Spinraza)-Criteria #1 removed is at least 3 weeks old. Criteria #4 added beyond the initial six months</p> <p>11. Back-up Ventilators- No changes recommended</p> <p>12. Percussors- No changes recommended</p> <p>13. Strollers and Wheelchairs for Safety- No changes recommended</p> <p>14. Imaging for Incidental Lesions- No changes recommended</p> <p>15. Laser Linear Accelerator Based Stereotactic Radiosurgery (LABSR)- No changes recommended</p> <p>16. Prophylactic Mastectomy- No changes recommended</p> <p>17. Reduction Mammoplasty/Mastopexy- No changes recommended</p> <p>18. Habilitation Level of Care- No changes recommended</p> <p>19. Nursing Facility Level of Care- No changes recommended</p>		
	<p>Other New Business/Discussion</p> <p>No other new business for discussion.</p>		Committee
8.	<p>Upcoming Meetings</p> <p>October 19, 2018</p>		Dr. Smith
9.	<p>Adjournment of Meeting</p> <p>A. The meeting was adjourned by Dr. Smith.</p>		Dr. Smith
10.			

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